

7 *replaces* ~~ORIGINAL~~ **TRIPPLICATE**  
**ATTESTATION PAPER.**

No. 2265386

Folio.

**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**

(ANSWERS.)

1. What is your surname? *Morrison*
- 1a. What are your Christian names? *Robert George Ken*
- 1b. What is your present address? *Bluestown Ont*
2. In what Town, Township or Parish, and in what Country were you born? *Bluestown Ont*
3. What is the name of your next-of-kin? *Andrew S. Morrison*
4. What is the address of your next-of-kin? *Bluestown Ont*
- 4a. What is the relationship of your next-of-kin? *Father*
5. What is the date of your birth? *August 19<sup>th</sup> 1898*
6. What is your Trade or Calling? *Student*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *No*  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? *Yes*
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

**DECLARATION TO BE MADE BY MAN ON ATTESTATION.**

I, *Robert George Ken Morrison*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *April 27<sup>th</sup>* 1917. *Robt. Morrison* (Signature of Recruit)  
*W. J. Bass* (Signature of Witness)  
*Quadrangle St.*

**OATH TO BE TAKEN BY MAN ON ATTESTATION.**

I, *Robert George Ken Morrison*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *April 27<sup>th</sup>* 1917. *Robert Morrison* (Signature of Recruit)  
*W. J. Bass* (Signature of Witness)  
*Quadrangle St.*

**CERTIFICATE OF MAGISTRATE.**

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Bluestown* this *27<sup>th</sup>* day of *April* 1917.

*W. J. Bass* (Signature of Justice)  
*A Notary Public*

*Acceptation  
 31-12-17  
 A. M.*

# Description of Robert Morrison on Enlistment.

Apparent Age 18 years 8 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft 8 1/2 ins.

none

Chest measurement { Girth when fully expanded 36 ins.  
Range of expansion 3 ins.

Complexion Fair

Eyes Brown

Hair Auburn

Religious denominations.  
 { Church of England.....  
 Presbyterian Yes.....  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic.....  
 Jewish.....  
 Other denominations.....  
 (Denomination to be stated.)

## CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* fit for the Canadian Over-Seas Expeditionary Force.

Date April 27<sup>th</sup> 1917.

W. A. Brown M.D.  
Act. Lieut. A.M.C.  
 Medical Officer.

Place Chesterville Ont.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

## CERTIFICATE OF OFFICER COMMANDING UNIT.

Robert George Morrison having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

J. C. Kilburn (Signature of Officer)  
 Major  
 C.O. SIGNAL TRAINING DEPOT, C.E.F.

Date May 2<sup>nd</sup> 1917.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 2

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

M.F.W. 67-2

M.F.W. 60-1

pay paid

# DISCHARGE DOCUMENTS

Name *Morrison, Robert, George, Herr*

Regt. No. *225386* Rank *Spr*

Corps *Signal Train Depot*

*Enabling him to re-enlist in the R.N.A.S.*

34578

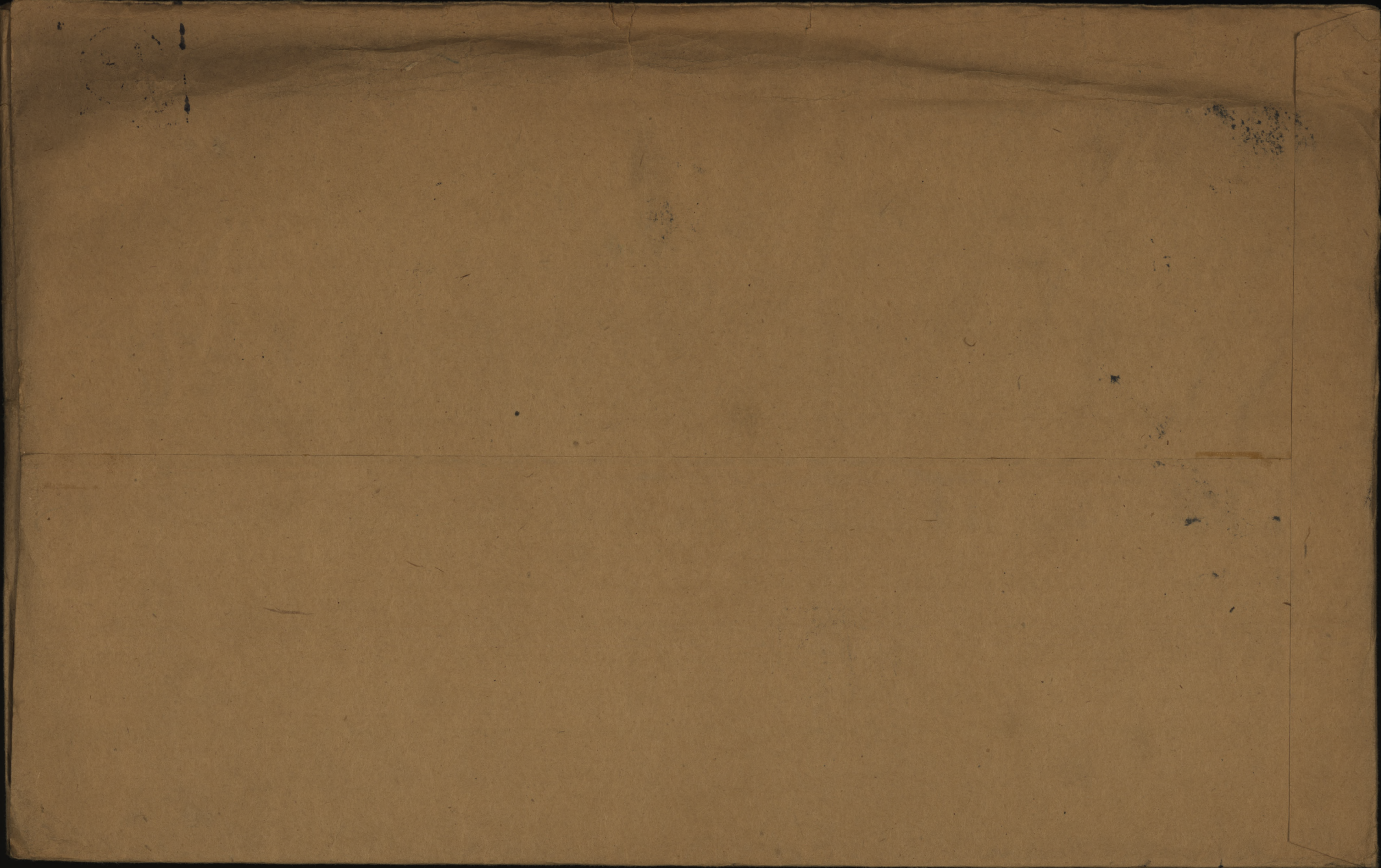
34578

R. O. No.....

H. Q. No.....



*Handwritten initials/signature*



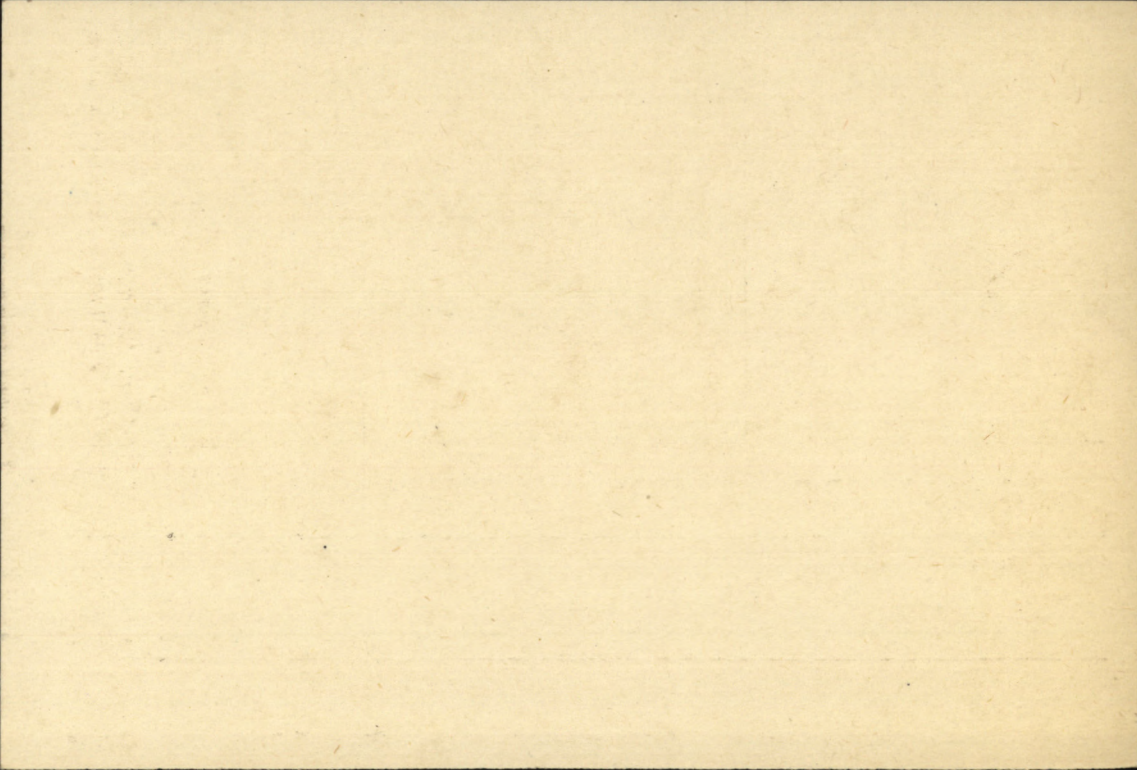
No. 2265386 RANK Pto.

NAME Morrison, R. G. K.

T. O. S. 27.4.17 UNIT 4<sup>th</sup> Divisional Signal Training Dept  
D.O. 102 of 2.5.17

M. D. W. 2

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917 April 27	1917 May 31	✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec. 1	Dec. 5.	✓	Dischgd. 5-12-17.	D.O. 291 of 5-12-17
a/c closed by payment 5				



SURNAME.

*Morrison*

CHRISTIAN NAMES

*Robert George Kerr*

REGL. NO.

*2265386*

RANK

*Sapper*

UNIT

*Signal Co. Depot.*

FORMER CORPS

*Nil**SOS Dis 5-12-17-Imp*

NEXT OF KIN.

NAMES IN FULL

*Morrison Andrew S.,*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*Chester ville, Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*Canada* *Chester ville, Ont.*

DATE

*Aug. 19<sup>th</sup> 1898.*

PLACE OF ATTESTATION

*Chester ville, Ont.*

DATE

*April 27<sup>th</sup> 1917.*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Student

4/2  
RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

18

YEARS

MONTHS

HEIGHT

5

FEET

8 1/2

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Brown

HAIR

Auburn

DISTINGUISHING MARKS

nil

MEDICAL EXAMINATION.

PLACE

Chesterville, Ont.

DATE

April 27<sup>th</sup> 1917.

Present Address -

Chesterville, Ont.



PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... **Signal Training Depot** .....

(2) Regimental Number ..... **2265386** .....

(3) Full Name of Soldier..... **Robert George Kees Morrison** .....

(4) Place of Birth..... **Chesterville Ont** .....

(5) Are you married, or not? ..... **No** .....

(6) If married, state,  
 (a) Full name of your wife..... **Nil** .....

(b) Present Postal Address..... **Nil** .....

(7) Are you a widower? ..... **Nil** .....

(8) Have you any children? ..... **Nil** .....

    If so, give number of boys and girls..... **Nil** .....

    Also their names and ages..... **Nil** .....

.....

.....

.....

.....

(9) Is your Father alive?..... yes  
If so, state name and address..... Andrew S. Morrison Chesterville, Ohio

(10) Is your Mother alive?..... yes  
If so, state name and address..... nee Andrew S. Morrison  
Chesterville, Ohio

(11) If your Mother is a widow..... no  
Are you her sole support, or not?..... nie

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.  
nie

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.  
nie

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.  
nie

(15) Are you insured?..... yes  
If so, in what Company?..... Mutual Life Insurance Co  
Have you made arrangements for payment of your Insurance premium..... yes  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date..... May 2nd 1917

Al Stewart Officer Commanding.  
Lieut. A/Adjt.  
SIGNAL TRAINING DEPOT, C.E.F.

MEDICAL HISTORY SHEET

Surname Morrison Christian Name Robert G K

Examined { on 27<sup>th</sup> day of April 1917  
 at Chesterville Ont  
 Birthplace { City or Town Chesterville  
 County Dundas

Approved by W. A. Brown M.D.  
 Rank Act. Lieut Abnc. M.O.

Apparent age 18  
 Trade or occupation Student  
 Height 5 feet 8 1/2 Inches  
 Weight 145 lbs.  
 Chest measurement { Minimum 33 inches  
 Maximum expansion 36 inches  
 Physical development Good  
 Small-pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left  
 Number 1

Date	Result	VACCINATIONS
<u>7/9/17</u>		<u>M. S. Huntington</u> M.O.
		M.O.
		M.O.

When Vaccinated last 12 years ago  
 (a) Marks indicating congenital peculiarities or previous disease none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>13-5-17</u>		<u>M. S. Huntington</u> M.O.
<u>20-5-17</u>		<u>M. S. Huntington</u> M.O.
<u>27-5-17</u>		<u>M. S. Huntington</u> M.O.

(b) Slight defects but not sufficient to cause rejection none

Enlisted on 27<sup>th</sup> day of April 1917 at Chesterville

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>Dio. Signal Co.</u>	<u>2265386</u>		<u>27. 4. 17</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.



MEDICAL HISTORY SHEET

Surname *Monson* Christian Name *Robert G K* *AI*

Examined { on *27<sup>th</sup>* day of *April* 191*7*  
at *Chesterville, Ark*

Approved by *W. A. Brown MD*  
Rank *Act. Lieut AMC* M.O.

Birthplace { City or Town *Chesterville*  
County *Dundas*

Apparent age *18*

Trade or occupation *Student*

Height *5* feet *8 1/2* Inches

Weight *145* lbs.

Chest measurement { Minimum *33* inches

{ Maximum expansion *36* inches

Physical development *Good*

Small-pox Marks *none*

Vaccination Marks { Arm *Right* *Left*  
Number *1*

When Vaccinated last *12 years ago*

(a) Marks indicating congenital peculiarities or previous disease *none*

(b) Slight defects but not sufficient to cause rejection *none*

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<i>7/9/17</i>		<i>W. A. Shullington</i> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>13-5-17</i>		<i>W. A. Shullington</i> M.O.
<i>20-5-17</i>		<i>W. A. Shullington</i> M.O.
<i>27-5-17</i>		<i>W. A. Shullington</i> M.O.

Enlisted on *27<sup>th</sup>* day of *April* 191*7* at *Chesterville*

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<i>1st Signal Co.</i>	<i>2265386</i>		<i>27.4.17</i>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.



# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 2265386 Rank Sapper ~~Marri~~ Name Morrison R.G.K.

Corps Signal Training Depot who was Discharged

On December 5th 1917, to H.Q. 16-M-453

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from December 1st 1917, to December 5th 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	8:00	
Advances } No.....			Reg'tl Pay 5..... days at \$1:00c.....	5:00	
by } No.....			Field Allow. 5..... days at \$:1 c.....	0:50	
Cheques } No.....			Other Allowances*.....		
Assigned Pay No.....			Other Credits*.....		
Other Charges* <u>Q.M.S</u> .....	4:20		Bal. Dr. (to be deducted by new unit).....		
Payment on transfer or discharge No.....	9:30				
Balance Cr. (to be paid by the new unit).....					
Total.....	13:50		Total.....	13:50	

\*Give Particulars.

A monthly stoppage of \$10:00 (†) has Not (‡) been paid on account of Assigned Pay for the month of December 1917 to (Assignee) Mrs A S Morrison  
 (Address) Chesterville, Ontario.

(†) Insert amount to be assigned, whether it has been paid or not.  
 (‡) Insert "not" if amount has not been paid for period of account.

### On Transfer of an Officer.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

### REMARKS:—

State (1) date of enlistment..... 24-4-17

(2) if married and if a Separation Allowance Card has been submitted..... Single, No

(3) cause of discharge and authority H.Q. 16-M-453, D.O. 291

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

Nil

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date December 18th 1917

Place Ottawa, Ontario.

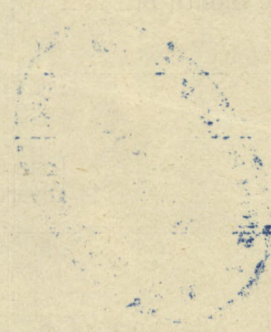
*R.G. Karty*

Cap't  
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

EXHIBITIONARY FORCE  
EAST PAKISTAN





This space to be for numbers.



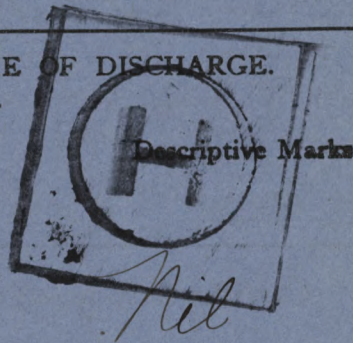
# Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	2265306
Rank	Sapper
Name	Robert George Kerr Morrison
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	Signal Training Depot
Date of Discharge	Dec <sup>r</sup> 5 1917
Place of Discharge	Ottawa

### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....18.....years.....4.....months.  
 Height.....5.....feet.....8½.....inches.  
 Complexion Fair  
 Eyes Brown  
 Hair Auburn  
 Trade Student  
 Intended place of residence } Chesterville  
 (To be given as fully as practicable.) } Ont.



2. The above-named man is discharged in consequence of enabling him to re-enlist in the R.N.A.S.  
 H.Q. 16-M-453

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Very Good

T.S.P.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

clerk

T.S.P.

Disc Section  
31-12-17  
A.F.M.

5. He is in possession of the following number of G. C. Badges:

*Nil*

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

*Nil*

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) **OTTAWA**.....

*T. S. Powers*

(Date) *Dec 5 17*.....

..... **LIEUT.-COL.**  
**SIGNAL TRAINING DEPOT.**  
Commanding.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) **OTTAWA** *P. G. K. Morrison*..... (Signature of Soldier.)

(Date) *Dec 5 17*..... (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) **OTTAWA**.....

*T. S. Powers*

(Date) *Dec 5 17*.....

(Signature)..... **LIEUT.-COL.**  
**SIGNAL TRAINING DEPOT.**

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

R. G. H. Morrison Jul

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a.          Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on          Transfer and Last Pay Cer-          tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (In the event of such having been prepared.)</p>
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*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

This space to be for numbers.

# Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	2265386
Rank	Sapper
Name	Robert George Kerr Morrison
<small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	Signal Training Depot
Date of Discharge	Dec <sup>r</sup> 5 1917
Place of Discharge	Ottawa

### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....18.....years.....4.....months.  
 Height.....5.....feet.....8<sup>1</sup>/<sub>2</sub>.....inches.  
 Complexion Fair  
 Eyes Brown  
 Hair Auburn  
 Trade Student  
 Intended place of residence } Chesterville  
 (To be given as fully as practicable.) } Ont.

### Descriptive Marks

Nil

2. The above-named man is discharged in consequence of enabling him to re-enlist in the R.N.A.S.  
 H.Q. 16-M-453

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

### 3. Conduct and character while in the service have been, according to the records, etc.

Very Good

T.B.P

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

### 4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Student

T.B.P

OVER  
Disc Section  
31-12-17  
A.G.M

5. He is in possession of the following number of G. C. Badges:

*Nil*

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

*Nil*

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... OTTAWA .....

*T. B. Powers*

(Date)..... Dec 5 17 .....

..... LIEUT.-COL.  
Commanding SIGNAL TRAINING DEPOT .....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... OTTAWA .....

*R. S. Morrison*

(Signature of Soldier.)

(Date)..... Dec 5 17 .....

*Power*

(Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)..... OTTAWA .....

*T. B. Powers*

(Date)..... Dec 5 17 .....

(Signature) ..... LIEUT.-COL.  
..... G. C. SIGNAL TRAINING DEPOT .....

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

ORS R Morrison  
nil

## List of Discharge Documents.

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<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a.          Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on          Transfer and Last Pay Cer-          tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (In the event of such having been prepared.)</p>
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*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*



# FORM OF WILL

I, Robert George Terr Morrison (Name in full)

Regimental Number 2765306 serving in SIGNAL TRAINING DEPT

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

me

Name and Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

Mrs Andrew S Morrison (Mother)  
Coburnville  
Ont

Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

### NOTE

This space for the  
appointment of  
Executor if  
necessary.

### IMPORTANT NOTE

This must be signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this 25<sup>th</sup> day of May A.D. 1917

R Morrison Signature of Soldier.

\*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness Nelson Binn

Address of Witness

THE TWO  
WITNESSES  
MUST  
SIGN HERE

Occupation of Witness Soldier C.E.F.

Signature of Second Witness Inf. J. B. Binn

Address of Witness

Occupation of Witness Soldier C.E.F.

FORM OF WILL

I, James M. Smith, of the County of Franklin, State of Ohio, do hereby certify that I am of sound mind and memory, and am not under any legal disability, and I hereby declare that I have read the foregoing instrument, and know the contents thereof, and that it is my free and voluntary act, and that I have no objection to its being recorded, and that I have no other will in force.

I hereby declare that I have no other will in force, and that I have no objection to its being recorded, and that I have no other will in force.

Witness my hand and seal this 10th day of January, 1910.

Attest:

MADE IN CANADA

WILLIAM A. SMITH, JAMES M. SMITH, JAMES M. SMITH, JAMES M. SMITH

MADE IN CANADA